



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JTJ MARKETING INC
PO BOX 25006
FORT WORTH TEXAS 76124

Respondent Name

FRISCO ISD

Carrier's Austin Representative

Box Number 17

MFDR Tracking Number

M4-13-0888-01

MFDR Date Received

December 7, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These claims were originally denied for inappropriate modifiers. We submitted corrected claims with Modifier (GP) for these dates of service for reconsideration. We have now received denial on all claims as past time based on the (95) days due to the fact that claims are considered to be new claims. We submitted an appeal as a reconsideration with corrected modifiers and feel that claims should be considered for payment."

Amount in Dispute: Requestor indicates \$1,967.00 calculation error should be \$1,900.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "1. On 05/18/12, Physical Therapy was preauthorized through IMO (injury Management Organization) for 12 sessions (3 times a week for 4 weeks). This preauthorization, number 47291, allowed a maximum of 4 units per session to include CPT codes, 97110, 97112 and 97140. 2. Medical bills were received between 06/13/12-07/11/12, for dates of service 05/24/12-06/27/12. All charges were billed as Occupational Therapy. Each charge was denied with a request for corrected modifiers, for further review (provider billed GO which is Occupational Therapy modifier, as opposed to GP which is Physical Therapy modifier.) 3. On 11/08/12, Claims Administrative Services received a resubmission of all bills, with changed modifiers. Charges were denied on 11/08/12, due to lack of timely filing... Our position remains that bills received on 11/8/12 were not true 'reconsiderations', but rather new bills, as the modifiers had been changed. At this time, we feel that the 95 day timely filing requirement was not met and we maintain our denial, due to lack of timely filing."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 24, 2012	97110-GP and 97140-GP	\$135.00	\$129.93
May 29, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
May 29, 2012	97012-GP	\$35.00	\$0.00
May 31, 2012	97110-GP and 97140-GP	\$135.00	\$129.93
June 4, 2012	97110-GP and 97140-GP	\$135.00	\$129.93
June 7, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 7, 2012	G0283	\$35.00	\$0.00
June 12, 2012	97110-GP and 97140-GP	\$135.00	\$129.93
June 13, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 13, 2012	97012-GP	\$35.00	\$0.00
June 14, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 14, 2012	97012-GP	\$35.00	\$0.00
June 18, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 18, 2012	97012-GP	\$35.00	\$0.00
June 20, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 20, 2012	97012-GP	\$35.00	\$0.00
June 25, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 25, 2012	97012-GP	\$35.00	\$0.00
June 27, 2012	97110-GP, 97140-GP-59	\$135.00	\$129.93
June 27, 2012	97012-GP	\$35.00	\$0.00
TOTAL		\$1,900.00	\$1,559.16

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §133.250 sets out the procedures for health care providers to request for reconsideration.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 16 – Claim/service lacks information which is needed for adjudication
- X16 – Claim/service lacks information which is needed for adjudication
- 18 – Duplicates claim/service
- 224 – Duplicate charge
- 29 – The time limit for filing has expired
- 719 –Per Rule 133.20 medical bill shall not be submitted later than the 95th day after the date of service
- 197 – Precertification/authorization/notification absent
- 240 – Preauthorization not obtained

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20 and 133.250?
2. Did the requestor obtain preauthorization for the disputed charges?
3. Did the requestor bill in conflict with the NCCI edits?
4. Is the requestor entitled to reimbursement?

Findings

1. Preamble to 28 Texas Administrative Code §133.250 (d)(1) indicates that reconsideration may include corrections relating to modifiers and/or number of units, 28 Texas Administrative Code §133.250(d)(1) provides that requests for reconsideration of a bill shall reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill. Because the health care provider submitted a bill with a corrected modifier it was not considered a new bill, and is considered a reconsideration request.

28 Texas Administrative Code §133.20 states in pertinent part, "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill."

Review of the submitted documentation supports that the requestor submitted the bills within the 95 day filing requirement as a result the insurance carrier's denial is not supported and the disputed charges are subject to the provisions of 28 Texas Administrative Code §134.203.

2. 28 Texas Administrative Code §134.600 states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning..."

Review of the submitted documentation in the form of a pre-authorization determination letter dated July 26, 2012, issued by IMO, preauthorized 12 additional sessions (2-3 x 3-4 weeks) of CPT codes 97012, 97110 and 97140 (Authorization number 48742) to the cervical spine, with a start date of July 26, 2012 and an end date of September 3, 2012. Although the requestor submitted a copy of the pre-authorization determination letter for dates of service July 26, 2012 to September 3, 2012, the requestor has not identified this date range on the Table of Disputed Services, as a result this preauthorization letter has no bearing on the disputed dates of services.

Review of the submitted documentation in the form of a pre-authorization determination letter dated May 18, 2012, issued by IMO, preauthorized 12 sessions (3 times a week for 4 weeks) of CPT codes 97110, 97112 and 97140 (Authorization number 47291) to the cervical spine, with a start date of May 18, 2012 and an end date of June 30, 2012. The requestor disputes dates of service May 24, 2012 to June 27, 2012, for a total of 12 sessions of physical therapy. The requestor seeks reimbursement for HCPCS code G0283 rendered on June 7, 2012 and CPT code 97012-GP, however HCPCS code G0283 and CPT code 97012-GP were not identified on the preauthorization letter (preauthorization number 47291). As a result, reimbursement cannot be recommended for CPT code 97012-GP rendered on May 29, 2012, June 13, 2012, June 14, 2012, June 18, 2012, June 20, 2012, June 25, 2012 and June 27, 2012 and HCPCS code G0283 rendered on June 7, 2012. The remaining CPT codes 97110 and 97140 were preauthorized and therefore will be reviewed according to the provisions of 28 Texas Administrative Code §134.203.

3. 28 Texas Administrative Code §134.203 states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The division performed NCCI edits to identify any potential edit conflicts that would affect payment. No NCCI edits were identified for disputed services, as a result reimbursement will be calculated according to the provisions of 28 Texas Administrative Code §134.203 (c).

4. 28 Texas Administrative Code §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year."

Service date, May 24, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date May 24, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date, May 29, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service Date, May 29, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date May 31, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date, May 31, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date, June 4, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date, June 4, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service Date, June 7, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service Date, June 7, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 12, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 12, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 13, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 13, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 14, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 14, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 18, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 18, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 20, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 20, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 25, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 25, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

Service date June 27, 2012, procedure code 97110, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.912 is 0.40128. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.85937 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$47.15. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$47.15. The PE reduced rate is \$42.74. The total is \$89.89.

Service date June 27, 2012, procedure code 97140, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.912 is 0.3648. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.80289 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$44.05. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.04.

5. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$1,559.16.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,559.16.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,559.16 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	<u>September 26, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).